PUBLIC HEALTH PROBLEMS OF THE ELDERLY POPULATION

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Abstract: The entire population belonging to the third age (60 years old and over) represents a preoccupation of doctors, psychologists, sociologists, social assistants; all of them agree on the necessity of a new vision regarding this type of population, if not an optimistic one, at least a real one.

Keywords: third age, social assistance

Rezumat: Întreaga populație cuprinsă în categoria vârstei a III-a (60 de ani și peste) reprezintă o preocupare a medicilor, psihologilor, sociologilor, asistenților sociali, toți fiind de acord că este necesară o altă viziune asupra acestei categorii de populație, dacă nu optimistă, cel puțin mai reală.

Cuvinte cheie: vârsta a III-a, asistență socială.

The population aging is an irreversible phenomenon, common for all countries.

The phenomenon is due mainly to:

- The increase of the absolute number of the elderly population and of its weight within the total population, the decrease of the birth rate and the increase of the life expectancy,
- The growth rate of this category of people is more accelerated than that of the general population.

Aging is a process or a plurality of processes of irreversible somatic and functional involution, essentially individual and not global.

The normal aging is a slow, continuous, irreversible, dynamic, heterogeneous process, allowing reaching an advanced age, in the conditions of the occurrence of certain difficulties in terms of adaptability.

The pathologic aging supposes an accelerated rhythm of involutions, the severe and rapid degradation of those organic functions which imply a gap between the calendar age and the biological one.

The social aging of the individual may be appreciated only if the old person is seen as a member of certain organized social groups, having in view the social parts and functions of the individual.

Regarding the specialized literature, there is no consensus on the age limit which considers an individual as being old. In 1964, WHO recommended as the age limit for an individual to be considered old, the age of 60.

Longevity is obtained only if there is a state of "well being" of the individual. This can be accomplished

only in the middle of the family and by the family members who have the duty to offer a corresponding climate for those whom we cherish for what they were and are: parents, grand parents, great grand parents.

A state of good health during the entire life is the decisive element of a healthy and satisfied old age.

In the absence of the degenerative chronic diseases with a rapid evolution towards decompensation, the median life length would rise with 10-20 years.

Through itself, an elderly population does not request a greater demand of medical assistance, at least for the period of time immediate after retirement, but it requires the establishment of certain social medical services specially designed for this age. What is particular to the third age population is the fact that diseases tend to multiply and become chronic, increasing the hospitalization requests if there is no medical social assistance network, well defined which should satisfy the needs regarding the medical services supply at the patients' residence.

The changes occurred within the family structure and the increase of the woman's part in the social productive activities, by decreasing the time afferent to the household activities and family care, require the setting up of special assistance and care units meant for the aged.

BIBLIOGRAPHY

- BORZA C.M., MOCEAN F., Sănătate publică, Ed. Med. Univ. "Iuliu Hațiegan" Cluj-Napoca, 2002; (Public health, The University Medical Publishing House "Iuliu Hațiegan", Cluj-Napoca, 2002).
- COMES V., IVANCIUC E., STAMATIU C., Curs de medicină socială, Litografia IMF Cluj-Napoca, 1974; (Lecture on social medicine, Lithography of the Pharmaceutical and Medicine Institute of Cluj Napoca, 1974).
- 3. MŪREŞAN P., Tranziţia morbidităţii în România (1938-2000), Viaţa medicală nr. 29, iulie 2002; (Morbidity transition in Romania, Medical life, no. 29, July 2002).